

BEST AVAILABLE COPY

CLAIMS ONLY						
Application Number						Filing Date
Applicant(s)						
May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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43						
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45						
46						
47						
48						
49						
50						
Total Indep			3			
Total Depend			7			
Total Claims			10			